

DEPARTMENT OF THE ARMY  
US ARMY MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, Arizona 85613-7040

MEDDAC Memorandum  
No. 40-136

26 June 2004

Medical Services  
ORGANIZATIONAL ETHICS

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1. HISTORY: This issue publishes a revision of this publication.
2. PURPOSE. To provide guidance for addressing clinical and ethical issues related to patient care.
3. SCOPE. This guidance is applicable to all personnel assigned, attached or employed by Raymond W. Bliss Army Health Center (RWBAHC).
4. REFERENCES:
  - 4.1 Army Regulation 40-66, Medical Records Administration.
  - 4.2 Army Regulation 40-68, Clinical Quality Management.
  - 4.3 DoD 5500.7, Joint Ethics Regulation.
  - 4.4 MEDDAC Memo 40-146, Provision of Care.
  - 4.5 MEDDAC Memo 15-1 Committees and Minutes
  - 4.6 MEDDAC Memo 40-155 Staff Rights

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This memorandum supersedes MEDDAC Memo 40-136, dated 23Jan01

## 5. GENERAL:

5.1 This organization operates under a strict Code of Military Conduct as well as a code of ethical behavior. DOD 5500.7, Joint Ethics Regulation and Army Regulation 40-68 Clinical Quality Management prescribe standards of conduct required for all Department of the Army personnel.

5.2 This organization addresses conflicts of interest with an Ethics Committee.

5.3 While we occasionally use standard Utilization Management (UM) principles to deny services ultimately health care decisions are based on assessed needs. When patients are dissatisfied with a denial, they have an opportunity to appeal to a clinical authority both within the MTF (the DCCS) and outside the MTF (through TRIWEST).

5.4 The final authority for denial of care is the Commander or his/her designated representative.

## 6. THE ETHICS COMMITTEE

6.1 The Commander has established the structure for an ad hoc Ethics Committee to convene when any patient, staff member, or family member raises ethical issues.

6.2 This committee provides a forum for the discussion, resolution of conflicting opinions, and assurances that appropriate considerations have been taken to address ethical issues.

6.3 Typical issues addressed in this committee include disagreements among patients, family members, guardians, Licensed Independent Practitioners (LIP), and/or clinical/administrative staff regarding patient treatment.

6.4 Staff may consult either their chain-of-command or the Chairperson of the Ethics Committee to address concerns relating to ethical issues that relate to the treatment of patients.

6.5 The Commander will determine whether the Committee should be convened or if other means should first be used to resolve the issue; he/she has the final authority to accept, modify, or decide ethical issues within the command or to refer them for legal opinion and/or court decision.

6.6 Details, regarding Ethics Committee membership, are discussed in MEDDAC Memo 15-1 Committees and Minutes

## 7. ETHICAL PRACTICES REGARDING RESEARCH, MARKETING, CONFLICTS OF INTEREST, ADMISSION, TRANSFER, DISCHARGE, BILLING, STAFF RIGHTS.

7.1 Research: The organization does not conduct, sponsor, or sanction clinical trials or clinical research studies at this time.

7.2 Marketing: As a not-for-profit Federal Medical Treatment Facility, this organization does not market any health care service for profit.

7.3 Conflicts of Interest: Having reviewed its relationship with other care providers, educational institutions, and payers - this organization detects no real or perceived conflicts of interest.

7.3 Admission, Transfer, and Discharge: While utilization management is a component of our medical management practices, physicians and our case manager have a large degree of freedom when considering patients for admission, transfer, or discharge to/from network facilities.

### 7.4 Billing.

7.4.1 MTF Care: We do not charge our patients receiving direct care from our Medical Treatment Facility (MTF).

7.4.2 Network Care: Except when seeking emergency services - for which they are generally reimbursed, patients receive information about payment when a referral is authorized by TriCare. Patients with payment/billing concerns related to medical services provided outside the facility are referred to the Patient Administration Division or the Tricare Service Center for resolution. Because all eligible beneficiaries have identifiable insurance plans, treatment decisions are generally not limited by the ability of our patients to pay.

7.5 Staff Rights: Memo 40-155 Staff Rights emphasizes that the refusal of a particular staff to provide a given aspect of patient care will not compromise the safe, quality care that the patient receives from the organization.

26 June 2004

The proponent of this publication is Behavioral Health Service. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Commander, USAMEDDAC, ATTN: MCXJ-MH, Fort Huachuca, AZ 85635-7040.

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